



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

July 4, 2008

## GENERAL LETTER NO. 13-B-AP-11

ISSUED BY: IV-E Eligibility Unit  
Field Office Support Unit

SUBJECT: Employees' Manual, Title 13, Chapter B, ***DETERMINING ELIGIBILITY FOR TITLE IV-E APPENDIX***, Title page, revised; Contents (page 1), revised; pages 1 through 10, revised; and the following forms:

470-3839	<i>IV-E Initial Placement Information</i> , revised
S472N111-01	<i>Foster Care and/or Subsidized Adoption Exchange of Information</i> , unchanged
470-3837	<i>IV-E Financial Worksheet</i> , revised
470-3334	<i>JCS Referral for Payment</i> , unchanged
470-3918	<i>IV-E Changes</i> , revised
470-4163	<i>IV-E Adoption Subsidy Determination</i> , new

### Summary

Form 470-3839, *IV-E Initial Placement Information*, is revised to incorporate format changes and minor changes in wording.

Form 470-3837, *Foster Care IV-E IM Worksheet*, is renamed *IV-E Financial Worksheet*. This form is also revised to clarify the information needed on the form.

Form 470-3918, *IV-E Changes*, is revised to incorporate format changes as well as add types of changes to be reported on the form. Section 3 has been updated to reflect the current RE2 determination process that is now completed by the SW4.

Form 470-4163, *IV-E Adoption Subsidy Determination*, is added to the manual and is revised to correct references to various sections on the form. The form is also updated to reflect policy changes regarding SSI eligibility and child of a minor parent policy. Questions regarding deprivation at the time the adoption petition is filed and the child's income and resources have been removed.

Form 470-4163, *IV-E Adoption Subsidy Determination*, and instructions for have been added to the manual.

### Effective Date

Upon receipt.

### **Material Superseded**

Remove the entire Chapter B Appendix from Employees' Manual, Title 13, and destroy it. This includes the following pages:

<u>Page</u>	<u>Date</u>
Title page	3/6/01
Contents (page 1)	September 1, 2006
470-3839	3/06
1-3	September 1, 2006
4	March 6, 2001
S472N111-01	5/15/96
470-3837	8/05
5, 6	June 4, 2004
470-3334	12/01
7-10	September 1, 2006
470-3918	11/05

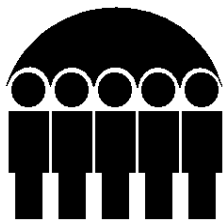
### **Additional Information**

Refer questions about this general letter to your supervisor or to the IV-E Unit.

Revised July 4, 2008

Employees' Manual  
Title 13  
Chapter B Appendix

# **DETERMINING ELIGIBILITY FOR TITLE IV-E APPENDIX**



Iowa  
Department  
of  
Human Services

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Iowa Department of Human Services  
**IV-E Initial Placement Information**

SWCM name:		SWCM county #:	Today's date:
Child's name:	DOB:	FACS ID:	SID:

**SECTION 1: Information Needed About the Removal (SWCM complete questions 1 – 10)**

1. Removal order/VPA date:	2. Placement date:	3. Placed with relatives or suitable person? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Placement name and address:			
5. Who did the court find responsible for the events leading to the child's removal or who signed the VPA? Relationship:						
6. Did the child live with the person listed in #5 above in the month of removal? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when did the child last live with this person? Dates:						
7. Is the child in a licensed foster care placement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach completed Medicaid application.						
8. Removal household information (this is the home of the person identified in #5 above)						
<b>Name</b> (list everyone in home)	<b>DOB</b>	<b>SSN</b>	<b>Relationship to Child</b>	<b>Income</b>	<b>Source</b> Where employed or type of income	<b>Gross Amount</b> Hours/week and rate or monthly amount
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
				<input type="checkbox"/> Y <input type="checkbox"/> N		
Resources: List any resources owned by any member of the household (e.g., vehicles, bank accounts, etc.)						
Who owns it?	Type of Resource	What is it worth?	Who owns it?	Type of Resource	What is it worth?	

9. Absent parent information (name/child):		
10. Is the child a full time student, obtaining a GED or other training? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Comments:</b>		
SWCM signature:	Date completed:	Date sent to IV-E Worker:

**SECTION 2 (IV-E Worker)**

1. Child enters care via:			
<b>Removal Type</b>	<b>Removal Month</b>	<b>CTW / BI Finding</b>	<b>RE1 Finding</b>
<input type="checkbox"/> <b>Emergency Removal/ Court Order</b> Court order date:		In removal order? <input type="checkbox"/> Yes – date: <input type="checkbox"/> No – child not IV-E eligible	Within 60 days of removal? <input type="checkbox"/> Yes – date: <input type="checkbox"/> No <input type="checkbox"/> Not due – due date:
<input type="checkbox"/> <b>Voluntary Placement Agreement</b> <div style="margin-left: 20px;"> <input type="checkbox"/> VPA effective date:   <input type="checkbox"/> Date signed by parent/ guardian and DHS: </div>		Within 180 days of placement? <input type="checkbox"/> Yes – date: <input type="checkbox"/> No <input type="checkbox"/> Not due – due date:	Not applicable
<input type="checkbox"/> <b>No court order or VPA for removal</b>			

<b>SECTION 2, continued</b>		
<b>2. Age/School Attendance</b> – child is under 18 or is 18 and expected to graduate before age 19.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. Citizen/Alien Status</b> – child is a U.S. citizen or qualified alien.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. Specified Relative</b>		
a. Subject of CTW / BI finding or person who signed the VPA is a specified relative to the child. Name: _____ Relationship: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Child lived with this person in the removal month or within the six months before the removal month.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>5. Deprivation</b> – exists in removal household in month of removal. If yes, indicate reason:		
<input type="checkbox"/> Death – deceased parent(s):		
<input type="checkbox"/> Absence – absent parent(s):		
<input type="checkbox"/> Incapacity – incapacitated parent(s):		
<input type="checkbox"/> Unemployment or under employment (complete <i>IV-E Financial Worksheet</i> to document UP determination)		
Mother's name: _____ Father's name: _____		
Complete <i>IV-E Financial Worksheet</i> ONLY if 1-5 are answered yes.		
<b>6. Removal Household Income</b> is under the Standard of Need in the removal month.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>7. Removal Household Resources</b> are under \$10,000.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>INITIAL IV-E ELIGIBILITY</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No   All initial/one time (1-7) IV-E eligibility criteria met. If no, reason: _____ <b>Important!</b> If no, child will never be IV-E eligible or claimable for this episode. Go to IV-E Claiming.		
<b>SECTION 3: IV-E Claimining (IV-E Worker complete 1-4 only if IV-E eligible, otherwise indicate claiming)</b>		
<b>1. Child's Income</b> is less than 185% of the child's maintenance payment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. Child's Resources</b> are less than \$10,000.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. Responsibility for Placement and Care (RP&amp;C)</b> given to DHS/JCS. If yes, indicate date obtained: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>4. Claimable Placement</b> – child is in a IV-E claimable placement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>IV-E CLAIMING</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No   IV-E funding can be claimed for this child. If no, reason: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No   SSI child (Administrative/training funding only)		
Comments (include months of retro claiming...): _____		
<b>SECTION 4: System Entries (IV-E Worker)</b>		
<b>1. FACS IVED</b> screen completed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date: _____	
<b>2. Tracking Database</b> entries completed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Date: _____	
<b>3. ABC</b> entries completed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Medicaid approved – aid type: _____	Date: _____	
<input type="checkbox"/> Relative/suitable person case established – aid type: _____		
<b>SECTION 5: Signature (IV-E Worker)</b>		
IV-E Worker signature: _____	Date: _____	

### IV-E Initial Placement Information, Form 470-3839

Purpose	Form 470-3839 is used by the social work case manager (SWCM) to communicate information to the IV-E worker regarding a child's removal from the home. This information is needed so the IV-E worker can complete a determination of IV-E eligibility and claiming for children in out-of-home care. The IV-E worker uses this form to document the IV-E determination.
Source	Complete this form on line using the templates available in the public state-approved forms folder on Outlook or on the DHS Intranet eForms web page. Supplies of the form can also be printed from the sample in the manual or the templates.
Completion	<p>The <b>SWCM</b> initiates this form for each child who has been placed in out-of-home care, whether through a court order or through a voluntary placement agreement. Complete Section 1 of the form when a child is first placed in an out-of-home setting, within five working days of the agreement or order.</p> <ul style="list-style-type: none"><li>◆ For voluntary placements, also provide the IV-E worker with a copy of the voluntary placement agreement signed by the parents or guardian and the DHS case manager.</li><li>◆ For emergency removals and court-ordered removals, also provide the IV-E worker with a copy of the court order with the removal language.</li></ul> <p>The <b>IV-E worker</b> completes Section 2 through 5 to document whether IV-E initial eligibility and claiming requirements are met.</p> <p>If the court order does not contain "reasonable efforts" language, track the case to determine if the reasonable efforts determination has been made within 60 days. Once you obtain the reasonable efforts finding, complete form 470-3918, <i>IV-E Changes</i>.</p>

Distribution	<p>The SWCM forwards the form to the IV-E worker along with a copy of the court order or the voluntary placement agreement.</p> <ul style="list-style-type: none"><li>◆ The form can be sent via e-mail if there are no paper attachments included with the form.</li><li>◆ If you received the court order via e-mail, you can e-mail both forms to the other unit.</li><li>◆ If there is a paper attachment (court order or voluntary placement agreement), forward the paper copy of the form along with the attachment.</li></ul> <p>The IV-E worker must file the completed copy of the form in the IV-E case record.</p>
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Data	Complete the form as follows:
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**Section 1 (SWCM)**

Complete the service worker and child's information regarding the child's situation, case identifying information, and removal household information.

**Section 2 (IV-E Worker)**

Determine if IV-E initial eligibility requirements are met and mark the applicable "Yes/No" box for each requirement. Include dates where applicable.

**Section 3 (IV-E Worker)**

Determine if the IV-E claiming requirements are met and mark the applicable "Yes/No" box for each requirement.

**Section 4 (IV-E Worker)**

Indicate whether the appropriate system entries have been made and the date entered.

**Section 5 (IV-E Worker)**

Sign and date the form.



REPORT: S472N111-01  
PLACEMENT EXIT

IOWA DEPARTMENT OF HUMAN SERVICES  
FAMILIES AND CHILDREN SERVICES  
FOSTER CARE AND/OR SUBSIDIZED ADOPTION INFORMATION EXCHANGE

PAGE 3  
05/13/96 07.27.52

IM COUNTY: 57 IM WORKER NUMBER: CHF4  
SERVICE WORKER/JCO NAME: WORKER, SERVICE  
SERVICE WORKER NUMBER: ESY1

SERVICE WORKER/JCO COUNTY: 57

CHILD NAME: TESTER, TESTIE STATE-ID: 09999999X DOB: 19790518 SSN: 999999999  
SCHOOL GRADE: 10 PREGNANT: N PRIOR FIP: PRIOR-IVE: PRIOR-SSI: URM:  
PROJECTED PAYMENT: 1,483.50 ADOPTION SUBSIDY: 0.00 ADOPTION FINAL DATE: ADOPTION DATE RESCIND: 00/00/0000

MOTHER NAME: TESTER, MAHA ADDRESS-1: ADDRESS-2: MARITAL STATUS: MARRIED  
EMPLOYER NAME: PARENT TYPE: BIRTH CITY: STATE: ZIP:  
EMPLOYER PHONE:

FATHER NAME: ADDRESS-1: ADDRESS-2: MARITAL STATUS:  
EMPLOYER NAME: PARENT TYPE: CITY: STATE: ZIP:  
EMPLOYER PHONE:

PLACEMENT TYPE: FOSTER CARE PLACEMENT INITIAL PLACEMENT DATE: 08/24/1995  
CURRENT PLACEMENT DATE: 02/15/1996 LEVEL OF CARE: ENHANCED RESIDENTIAL TREATMENT  
JCO PLACEMENT: V

PLACEMENT NAME: FACS PROJECT COUNTY: 77 CITY: DES MOINES PHONE NUMBER:  
PLACEMENT ADDRESS-1: 307 E. 7TH STATE: IA ZIP-CODE: 50309-0000-000  
PLACEMENT ADDRESS-2:  
PLACEMENT IVE: Y SERVC IVE: N INFORMATIONAL ONLY==> MAINT IVE: N ADMIN IVE: N

ESTIMATED PLACEMENT DAYS: 00185  
PERMANENCY GOAL: LONG TERM FOSTER CARE FACILITY  
INTERSTATE PLACEMENT: N

PLACEMENT EXIT DATE: 04/16/1996  
PLACEMENT EXIT REASON: CHANGE IN PLACEMENT  
HOSPITAL PLACEMENT: EXTRA-PMIC-DAYS: PMIC EXIT DATE:

SIBLINGS IN PLACEMENT:  
LAST NAME FIRST NAME MIDDLE NAME STATE-ID SSN DOB SEX RELATIONSHIP

CHILDREN OF TEENAGE PARENT:  
LAST NAME FIRST NAME MIDDLE NAME STATE-ID SSN DOB SEX HOUSEHOLD-IND

EARNED INCOME	UNEARNED INCOME	RESOURCE/ESCROW
47.56	0.00	0.00
10.70	0.00	0.00

**Foster Care and/or Subsidized Adoption Information Exchange, Report S472N111-01**

Purpose	Report S472N111-01, <i>Foster Care and/or Subsidized Adoption Exchange of Information</i> , provides IV-E workers information that is needed to determine IV-E and Medicaid eligibility for children in foster care and adoption assistance programs.
Supply	The FACS system generates this report nightly.
Completion	<p>The FACS system automatically generates this form on foster care and adoption subsidy cases when:</p> <ul style="list-style-type: none"><li>◆ There is a start date recorded on FACS (labeled as "new placement" on the report).</li><li>◆ There is an end date recorded on FACS (labeled as "exit placement" on the report). (A move from one placement to another generates two reports.)</li><li>◆ The FACS case is transferred to a new service worker.</li></ul> <p>The IV-E worker examines the report to determine whether the change affects IV-E or Medicaid eligibility (or if additional information is needed).</p>
Distribution	<p>If there is an open Medicaid case with an FBU of 19, the report is issued to the IV-E worker responsible for that case. If there is no open case with a 19 FBU, the report is issued to worker number CM00 in the office where the service worker is located.</p> <p><b>Exception:</b> For PMIC placements, the form is generated to the IM unit in the county where the facility is.</p> <p>File the report in the IV-E case record.</p>
Data	<p>Data reported include:</p> <ul style="list-style-type: none"><li>◆ Identification of the workers and the reason for the report.</li><li>◆ Information about the child.</li><li>◆ Information about the child's parents.</li><li>◆ Information about the child's placement.</li></ul> <p><b>Note:</b> Do not use the PLACEMENT IV-E field or the SERVICE IV-E field to evaluate IV-E eligibility.</p>

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**IV-E Financial Worksheet, Form 470-3837**

Purpose	The IV-E worker uses form 470-3837 to determine if IV-E financial criteria, including deprivation based on unemployment or underemployment, are met for children in out-of-home placement.
Source	Complete this form on line using the templates available in the public state-approved forms folder on Outlook or on the DHS Intranet eForms web page. Supplies of the form can also be printed from the sample in the manual or the templates.
Completion	<p>The IV-E worker completes the form:</p> <ul style="list-style-type: none"><li>◆ At the time of the initial IV-E eligibility determination if all IV-E legal authority and judicial language criteria have been met, as well as age, citizenship, and specified relative requirements.</li><li>◆ At the time of the IV-E annual review if the child is IV-E-eligible.</li><li>◆ Any time IV-E eligibility needs to be redetermined based on reported change affecting deprivation due to unemployment or underemployment.</li></ul> <p>Complete the form even if the child receives SS1 or is in a non-IV-E-claimable placement.</p> <p>To assist in completing the worksheet, refer to:</p> <ul style="list-style-type: none"><li>◆ The Medicaid application (or for a child currently receiving Medicaid, to a copy of the most recent application and review form on which Medicaid eligibility is based).</li><li>◆ Applicable verification and documentation of income and resources.</li><li>◆ Form 470-3839, <i>IV-E Initial Placement Information</i>, or form 470-3918, <i>IV-E Changes</i>, completed by the SWCM.</li></ul>
Distribution	Attach this form to the <i>IV-E Initial Placement Information</i> , form 470-3839, and file in the IV-E case record.

## IV-E Financial Worksheet

Child's name:	Removal/review month/year:	Today's date: July 1, 2008
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☐ **Income of Removal Household in Month of Removal**
☐ **Income Determination for Deprivation Due to Un(der)employment**

Checked: ☐ WAGE A / C    ☐ ICER    ☐ ICAR    ☐ DBRO/KPY1    ☐ IEVS    ☐ SDX  
☐ ISS3    ☐ Other:

Removal household composition (List name, age and relationship of each person in the removal household and diagram below):

**Stepparent / Self Supporting Parent  
(of a minor parent)**

Name:

Income source:

Gross earned income

\$

\$90 work expense

Child/adult care

**Balance**

Diversions (c/s, SP diversion, etc.)

**Balance**

Countable unearned income

Unused diversion balance

**Balance** \$**Eligible Group Size:**

(Do not include ineligible stepparents, self-supporting parents, or ineligible aliens in EG size.)

**Person 1**

Name:

Source:

**Person 2**

Name:

Source:

**Person 3**

Name:

Source:

**Person 4**

Name:

Source:

Gross earned income

\$

\$

\$

\$

\$90 work expense

Child/adult care

**Balance**Diversions  
(child support/ineligible person, etc.)**Balance**Countable unearned income  
(If c/s, amount after \$50 exemption.)

Unused diversion balance

**Balance**

\$

\$

\$

\$

Comments (include supporting documentation in case record):

**Income Test (Standard of Need)**

Countable income of additional persons: \$

Total Countable Income \$ vs. \$ Income Limit for EG Size

Removal household's income within limits: ☐ Yes ☐ No

If no, stop here! Document on IV-E Initial Placement Information form.



Data

The form evaluates deprivation due to unemployment or underemployment, income and resources of the removal household, and the child's income and resources, based on AFDC policies in effect as of July 16, 1996, with the following exceptions:

- ◆ The resource limit of \$1,000 increased to \$10,000 effective January 2000.
- ◆ The Standard of Need eligibility test is the only income test that has to be met when determining income eligibility for the removal household.
- ◆ When determining the child's ongoing income eligibility, the child's income is compared to 185% of the child's maintenance payment.

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**JCS Referral for Payment, Form 470-3334**

Purpose	The <i>JCS Referral for Payment</i> transfers information from the juvenile court officer needed for DHS to set up a FACS case for payment of foster care services for children being supervised by a JCO.
Supply	Print supplies of the form from the sample in the manual.
Completion	The juvenile court officer prepares the form on "payment-only" foster care cases (supervised by the juvenile court officer instead of a DHS service worker) when: <ul style="list-style-type: none"><li>◆ Referral is made for foster care placement.</li><li>◆ There is a change or new information relevant to the case (changes in demographics, new placements, reviews).</li><li>◆ The case closes.</li></ul>
Distribution	File the original in the juvenile court case file. Forward one copy to DHS. If the child has a disability, also send one copy to Benefit Team Services.
Data	The form includes information about: <ul style="list-style-type: none"><li>◆ The juvenile court officer.</li><li>◆ The foster child and the child's parents.</li><li>◆ The child's school status.</li><li>◆ The child's removal and placement.</li><li>◆ The circumstances leading to the child's removal.</li><li>◆ The child's current living arrangement.</li><li>◆ The child's current case permanency plan.</li><li>◆ Foster care administrative reviews.</li><li>◆ The child's finances.</li><li>◆ Parental support, FIP, and SSI.</li></ul>

Iowa Department of Human Services  
**JCS REFERRAL FOR PAYMENT**

**New cases:** Complete all sections on the same day as the IFMC referral. Send to the DHS service unit. When applicable, send to Benefit Team Services, 4949 Westown Parkway, Suite 165-200, West Des Moines, IA 50266. Phone: 515-327-1200 or 1-800-707-9705 Fax: 515-327-0566

**Reviews and changes:** Fill in the JCO INFORMATION section, then only the parts that change. Check the box in the left margin of the sections with changes.

<input type="checkbox"/>	<b>JCO INFORMATION</b>	
	Child's full name	
	JCO name	County
	Mailing address	
	Phone number	Today's date
	<b>CHILD'S DEMOGRAPHIC INFORMATION</b>	
<input type="checkbox"/>	Child's date of birth	Social security number
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Race/ethnicity	County of residence
<input type="checkbox"/>	Disability: <input type="checkbox"/> Mental retardation <input type="checkbox"/> Blind/visually impaired <input type="checkbox"/> Deaf/hard hearing <input type="checkbox"/> Emotionally disturbed <input type="checkbox"/> Learning disability <input type="checkbox"/> Medical condition <input type="checkbox"/> Physically disabled <input type="checkbox"/> Conduct disorder <input type="checkbox"/> AIDS (obtain release) <i>Document disability. Make referral to BTS for determination of SSI eligibility if any box is checked.</i>	
<input type="checkbox"/>	<b>Mother's name &amp; address</b>	
	Social security number	Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of birth	Race/Ethnicity
	Marital status at time of birth (or adoption) of the child _____.	
	Employment information (Including: Place of employment, hours worked per week and rate of pay)	
<input type="checkbox"/>	<b>Father's name &amp; address</b>	
	Social security number	Paternity established: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date of birth	Deceased: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Race/Ethnicity	Marital status
	Employment information (Including: Place of employment, hours worked per week and rate of pay)	
<input type="checkbox"/>	<b>SCHOOL STATUS</b>	
	In school: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Not in school <input type="checkbox"/> Last grade completed:	
	Current school	Last school
<input type="checkbox"/>	<b>REMOVAL/JUDICIAL FINDINGS</b> (Answer for this "episode" of care)	
	County of current court order	County of financial responsibility
	Date of adjudication order	Date of dispositional order
	Date child was removed from home (most recent removal)	
	Custody placed with: <input type="checkbox"/> JCS <input type="checkbox"/> DHS <input type="checkbox"/> Other:	



	Removal order contains language that the removal was in the best interest of the child or that remaining in the home was contrary to the welfare of the child. <input type="checkbox"/> Yes <input type="checkbox"/> No. Date of current initial removal order _____.		
	Court has made a finding indicating reasonable efforts were made to prevent removal within 60 days of the date the child was removed from the home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A. Date of order _____.		
	Court has made a finding indicating reasonable efforts were made to achieve permanency within 12 months of the date the child was removed from the home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A. Date of most recent order with this finding _____.		
<input type="checkbox"/>	<b>CIRCUMSTANCES OF REMOVAL</b> ("P" for primary, "X" all others)		
	<input type="checkbox"/> Physical abuse <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Child disability <input type="checkbox"/> Death of parent <input type="checkbox"/> Other:	<input type="checkbox"/> Child behavior problem <input type="checkbox"/> Delinquent act <input type="checkbox"/> Substance abuse (parent) <input type="checkbox"/> Substance abuse (child)	<input type="checkbox"/> Caretaker illness/incapacity <input type="checkbox"/> Caretaker inability to cope <input type="checkbox"/> Parental abandonment <input type="checkbox"/> Incarceration of parent
<input type="checkbox"/>	<b>CURRENT LIVING ARRANGEMENT</b> Effective Date _____		
	Provider name and address	Distance from home	Phone (     )
	Level of care: <input type="checkbox"/> Family foster care <input type="checkbox"/> Treatment family foster care <input type="checkbox"/> Shelter care <input type="checkbox"/> Group care <input type="checkbox"/> PMIC		
	Type of care: <input type="checkbox"/> Comprehensive <input type="checkbox"/> Community <input type="checkbox"/> Enhanced		
	Status of care: <input type="checkbox"/> Locked <input type="checkbox"/> Unlocked		
<input type="checkbox"/>	<b>CURRENT PERMANENT PLACEMENT PLAN</b>		
	Select one: <input type="checkbox"/> Reunify with parents/relative <input type="checkbox"/> Guardianship to relative/suitable person <input type="checkbox"/> Adoption <input type="checkbox"/> Another planned permanent living arrangement		
<input type="checkbox"/>	<b>FOSTER CARE ADMINISTRATIVE REVIEWS</b> (every 6 months)		
	Date of last review _____.	Type: <input type="checkbox"/> Court <input type="checkbox"/> FCRB <input type="checkbox"/> DHS administrative review	
	Has there been a court determination that reasonable efforts have been made to achieve the permanency goal? <input type="checkbox"/> Yes <input type="checkbox"/> No. Date of most recent court order _____.		
<input type="checkbox"/>	<b>CHILD'S FINANCIAL INFORMATION</b>		
	Does child receive any income? If yes, source: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If child receives Social Security, under whose name and number:		
	Does child own any resources? If yes, describe and indicate value: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Does child own a checking or savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, indicated amount _____.	Does child have cash in excess of \$100? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, indicated amount _____.	
<input type="checkbox"/>	<b>FIP, SSI, AND PARENTAL SUPPORT INFORMATION</b> (Check all that apply.)		
	<input type="checkbox"/> Child received FIP in or for month in which court action leading to removal was initiated. <input type="checkbox"/> Child does <u>not</u> receive SSI currently. <input type="checkbox"/> Child is an unaccompanied refugee minor. <input type="checkbox"/> One or both parents are absent from the home from which the child was removed. <input type="checkbox"/> One or both parents are deceased. <input type="checkbox"/> Parental rights are terminated. <input type="checkbox"/> A parent is unable to work due to documented physical or mental reasons.		
<input type="checkbox"/>	<b>REMOVAL HOUSEHOLD</b> (Complete this section if child was not living with parent at time of removal.)		
	Name and address of caretaker(s):		
	Relation to child	If the removal household was not a relative, was the child living in the home of a parent or relative in the last 6 months. <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/>	<b>EXPLANATIONS OR ADDITIONAL INFORMATION</b>		
	(Examples are change in child's income or resources, runaway, return home, sibling information, change of placement, etc.)		

**IV-E Changes****SECTION 1: SWCM or IV-E Worker**

SWCM name / County #:	IV-E worker:	<input type="checkbox"/> Change <input type="checkbox"/> IV-E Worker Review MM/YY:	Today's date:
Child's name:	FACS ID:	SID:	

Child's current case permanency goal:

If attaching a court order, what was the case permanency goal in effect at the time of the hearing?

**SECTION 2: SWCM** – Place an 'x' in the box by the applicable changes and complete the information for those changes only.

<input type="checkbox"/> <b>No change/court order attached</b>	<input type="checkbox"/> Entered on FCTL																					
<input type="checkbox"/> <b>Change in placement (includes return home)</b> New placement name (including cottage): Address: Prior placement name: Address:	Effective date of change: Relationship: Relationship:																					
<input type="checkbox"/> <b>Relative placement license approved</b>	Effective date of license:																					
<input type="checkbox"/> <b>Guardianship transferred for permanent placement</b>	Date guardianship transferred:																					
<input type="checkbox"/> <b>Subsidized guardianship placement</b>	Effective date of subsidized guardianship:																					
<input type="checkbox"/> <b>Child in adoption presubsidy placement</b>	Effective date:																					
<input type="checkbox"/> <b>Court-ordered supervision has ended</b>	Date:																					
<input type="checkbox"/> <b>Parental rights have been terminated</b>	Date:																					
<input type="checkbox"/> <b>Change in child's circumstances</b> <input type="checkbox"/> School aged child is no longer attending school full time/obtaining GED or other training <input type="checkbox"/> Child's income or resources have changed	Date of change:																					
<input type="checkbox"/> <b>Change in initial removal household</b> <input type="checkbox"/> Someone moved into the home. Complete the information listed below.	Date of change:																					
<table border="1"> <thead> <tr> <th>Name</th> <th>DOB</th> <th>SSN</th> <th>Relationship to Child</th> <th>Income</th> <th>Source Where employed or type of income</th> <th>Gross Amount Hours/week and rate or monthly amount</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Y <input type="checkbox"/> N</td> <td></td> <td></td> </tr> </tbody> </table>	Name	DOB	SSN	Relationship to Child	Income	Source Where employed or type of income	Gross Amount Hours/week and rate or monthly amount					<input type="checkbox"/> Y <input type="checkbox"/> N							<input type="checkbox"/> Y <input type="checkbox"/> N			
Name	DOB	SSN	Relationship to Child	Income	Source Where employed or type of income	Gross Amount Hours/week and rate or monthly amount																
				<input type="checkbox"/> Y <input type="checkbox"/> N																		
				<input type="checkbox"/> Y <input type="checkbox"/> N																		
If both parents are in the home, is either parent unable to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Name:																						
<input type="checkbox"/> Parent recovered from incapacity Name:																						
<input type="checkbox"/> Someone moved out of the home Name: Relationship to child:																						
<input type="checkbox"/> Income started or changed Name: Source:																						
<input type="checkbox"/> Income stopped Name: Source:																						

**Comments:****SECTION 3: SW4**

<input type="checkbox"/> <b>RE2</b>	Date due:
<input type="checkbox"/> Yes	Date obtained:
<input type="checkbox"/> No	Date FCTL / database entered:
If not obtained by due date, stop claiming for the month following the due date until RE2 obtained.	

**Comments:**

SW4 signature:	Date:
----------------	-------

**SECTION 4: IV-E Worker** — Place an 'x' by the applicable changes and complete the information for those changes only.☐ **RE1 (initial eligibility criteria)**

- ☐
- Yes – Date obtained:
- 
- ☐
- No

**IVED entered?**

- ☐
- Yes – Date entered:
- 
- ☐
- No

☐ **Reasonable efforts waived due to aggravated circumstances (initial eligibility criteria)**

Date: Date of permanency hearing:

☐ **VPA – child left care from VPA placement with no RP&C** Date: ☐ Ended episode on IVED☐ **VPA – court order giving DHS/JCS RP&C received prior to expiration of VPA (90 days)**

- ☐
- Yes
- 
- ☐
- No – IV-E eligibility ends until such order is received

☐ **VPA – best interest finding within 180 days**

- ☐
- Yes – Date obtained: Date FCTL entered:
- 
- ☐
- No – IV-E eligibility ends for remainder of episode

☐ **Court-ordered supervision ended** Date: ☐ Ended episode on IVED☐ **Child no longer meets age/school attendance requirements**

Comments:

☐ **Change in deprivation**

- ☐
- Deprivation no longer exists in the removal household
- 
- ☐
- Deprivation met initially and now exists again in the removal household
- 
- ☐
- Parental rights have been terminated so deprivation will continue to exist on an ongoing basis

Comments:

☐ **Change in child's income**Child's countable income: vs. (maintenance payment x 1.85)  
Child's income meets IV-E criteria: ☐ Yes ☐ No☐ **Change in child's resources**Child's countable resources: vs. limit  
Child's resources meet IV-E criteria: ☐ Yes ☐ No☐ **Change in placement**IV-E claimable placement: ☐ Yes ☐ No **Reminder!** If a THV, review order for ongoing RP&C.☐ **Annual review**

- |                              |                             |  |                                  |
|------------------------------|-----------------------------|--|----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child meets age/school attendance requirements |                                  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child continues to be deprived                 | Reason:                          |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child's income within limits                   | vs. (maintenance payment x 1.85) |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Child's resources within limits                | vs. limit                        |

**SECTION 5: IV-E Worker**IV-E funding **can** be claimed: ☐ SSI child (administrative and training funding only)

- ☐
- Yes
- 
- ☐
- No – reason:

If IV-E claiming status changed, effective date:

**ABC entries**

- |   |           |                           |
|---|-----------|---------------------------|
| <input type="checkbox"/> Child eligible under a different coverage group                          | Aid type: | Effective date of change: |
| <input type="checkbox"/> Opened ABC case  | Aid type: | Effective date:           |
| <input type="checkbox"/> Closed ABC case Reason:  |           | Effective date:           |
| Cancellation/redetermination forms sent: <input type="checkbox"/> Yes <input type="checkbox"/> No |           | If no, reason:            |

**Comments** (include months of retroactive claiming, claiming in error, end of episode, etc.):

IV-E Worker signature:

Date completed:

---

### IV-E Changes, Form 470-3918

Purpose	<p>Form 470-3918, <i>IV-E Changes</i>, is used by social work case managers (SWCM) and social worker IVs (SW4) to communicate information to IV-E workers regarding changes that potentially affect IV-E eligibility and claiming. The IV-E worker uses the form to document:</p> <ul style="list-style-type: none"><li>◆ The effect the reported change has on IV-E eligibility and claiming; and</li><li>◆ That a IV-E annual review was completed.</li></ul>
Source	<p>Complete this form on line using the templates available in the public state-approved forms folder on Outlook or on the DHS Intranet eForms web page. Supplies of the form can also be printed from the sample in the manual or the templates</p>
Completion	<p>The <b>SWCM or IV-E worker</b> completes Section 1 regarding the child's information.</p> <p>The <b>SWCM</b> completes Section 2 regarding changes.</p> <p>The <b>SW4</b> completes Section 3 regarding the RE2 finding.</p> <p>The <b>IV-E worker</b> completes Sections 4 and 5 regarding impact the change has on IV-E eligibility and claiming requirements.</p>
Distribution	<p>The SWCM forwards the form to the IV-E worker.</p> <ul style="list-style-type: none"><li>◆ The form can be sent via e-mail if there are no paper attachments included with the form.</li><li>◆ If a court order is received via e-mail, e-mail both forms to the IV-E worker.</li><li>◆ If there is a paper attachment (court order or voluntary placement agreement), forward the paper copy of the form along with the attachment.</li></ul> <p>The IV-E worker must file the completed copy of the form in the IV-E case record.</p>

Data

Complete the form as follows:

**Section 1** (SWCM or IV-E worker)

Complete the child's information.

**Section 2** (SWCM):

- ◆ Complete the applicable section based on the type of change that occurred.
- ◆ Attach applicable court orders to the form.

**Section 3** (SW4):

- ◆ Identify the RE2 due date.
- ◆ Indicate whether the attached court order contains an RE2 finding and the date FCTL / database entries were completed.
- ◆ Sign and date the form.

**Section 4** (IV-E Worker):

Mark the box next to the applicable change and complete information regarding the change.

**Section 5** (IV-E Worker):

- ◆ Indicate whether IV-E funding can be claimed. If the funding status changed, include the effective date of the change.
- ◆ Complete the information on ABC entries
- ◆ Sign and date the form.

Iowa Department of Human Services  
**IV-E Adoption Subsidy Determination**

Child's name	DOB	FACS ID	SID
Date adoption petition filed		Date adoption finalized	

**SECTION A: GENERAL REQUIREMENTS**

**1. Adoption Subsidy Agreement**

Did both the adoptive parent and the agency sign the adoption subsidy, presubsidy, or future needs agreement on or before the date of finalization of the adoption? ☐ Yes ☐ No

Date parent(s) signed agreement	Date agency signed agreement
---------------------------------	------------------------------

**If yes, go to 2a. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.**

**2a. Special Needs – Difficult to Place**

Does documentation in agency records, dated prior to finalization, show that the child meets special needs “difficult to place” criteria? ☐ Yes ☐ No

Difficult to place criteria met: <input type="checkbox"/> Medical condition or disability (list condition or disability):  <input type="checkbox"/> Other factors (list):	Documentation supporting determination:
--	---

**If yes, go to 2b. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.**

**2b. Special Needs – Efforts to Place Without a Subsidy**

Does documentation in agency records, dated prior to finalization, show that efforts were made to place the child without a subsidy, or that an exception was granted in the child’s best interests? ☐ Yes ☐ No

Efforts to place without a subsidy criteria met: <input type="checkbox"/> Efforts to place were made (list efforts):  <input type="checkbox"/> Exception granted in child’s best interests (list):	Documentation supporting determination:
---	---

**If yes, go to 2c. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.**

**2c. Special Needs – Cannot/Should Not Return to Parents**

Was termination of parental rights completed for both parents prior to finalization, or was there another reason the child could not return to the home of his/her parent? ☐ Yes ☐ No

Cannot/should not return to parent criteria met: <input type="checkbox"/> TPR order on both parents <input type="checkbox"/> Another reason child could not return to parent home (list):	Documentation supporting determination:
---	---

**If yes, go to 3. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.**

**3. US Citizen/Qualified Alien**

Is the child a US citizen or qualified alien? ☐ Yes ☐ No  
 If qualified alien, documentation supporting determination (I-551, etc):

**If yes, go to 4. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.**

<b>4. Age</b>
Is the child under age 18 at the time of finalization? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If yes, child is eligible for nonrecurring expenses. Go to SECTION B to determine IV-E eligibility for ongoing adoption subsidy. If no, STOP. Child is not eligible for IV-E adoption subsidy. Go to SECTION C.</b>

<b>SECTION B: ONE OF FOUR CATEGORIES (must meet one of the four)</b>
--

<b>1. Previous IV-E Adoption Subsidy</b>
--

Was the child eligible for IV-E adoption subsidy in a prior adoption? <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation supporting determination:
--	---

<b>If yes, child is eligible for IV-E adoption subsidy. Go to SECTION C. If no, go to 2.</b>
--

<b>2. SSI Eligible</b>
------------------------

Is the child eligible for SSI <u>on or before</u> the date of adoption finalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation supporting determination:
---	---

<b>If yes, child is eligible for IV-E adoption subsidy. Go to SECTION C. If no, go to 3.</b>
--

<b>3. Child of a Minor Parent</b>
-----------------------------------

Is the child the child of a minor parent in foster care AND living with the minor parent prior to finalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation supporting determination:
---	---

If yes, was the child's minor parent receiving IV-E foster care that covered both the child and the minor parent prior to finalization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation supporting determination:
--	---

<b>If yes, child is eligible for IV-E adoption subsidy. Go to SECTION C. If no, go to 4.</b>
--

<b>4. AFDC Eligible</b>
-------------------------

<b>4a. Was the child removed via a court order or voluntary placement agreement (VPA)?</b>
--

<input type="checkbox"/> Court order (complete removal by court order section)	<input type="checkbox"/> VPA (complete removal by VPA section)
<input type="checkbox"/> Removal not by court order or VPA	
If the child was not removed by a court order or a VPA, or unable to locate court order or VPA, <b>STOP.</b>	
<b>Child is eligible for nonrecurring expenses only. Go to SECTION C.</b>	

<input type="checkbox"/> <b>Removal by Court Order</b> (include copy of removal court order in case file)	
Did the court order contain a judicial determination of contrary to the welfare made within timeframes required by IV-E? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of removal court order	Removal month/year

<b>If yes, go to 4b. If no, STOP. Child is eligible for nonrecurring expenses only. Go to SECTION C.</b>
--

<input type="checkbox"/> <b>Removal by VPA</b> (include copy of VPA in case file)	
Was the VPA signed by child's parent/legal guardian and DHS representative? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If no, child is eligible for nonrecurring expenses only.</b>	
If yes, was the child claimed to IV-E at some time during foster care episode? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Documentation supporting determination:	
<b>If yes, go to 4b.</b>	
If no, can a retro claim be completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Documentation supporting determination:	
<b>If yes, go to 4b. If no, STOP. Child is eligible for nonrecurring expenses only. Go to SECTION C.</b>	

<b>4b. Specified Relative</b>	
Was the child removed from a specified relative with whom he/she lived within 6 months of removal? <input type="checkbox"/> Yes <input type="checkbox"/> No (Child's removal home is the subject of the CTW or person who signed the VPA.)	
Name of removal home	Relationship to child
<b>If yes, go to 4c. If no, STOP. Child is eligible for nonrecurring expenses only. Go to SECTION C.</b>	
<b>4c. Deprivation at the Time of Removal</b>	
Was the child deprived of parental support in the removal home due to absence, disability/incapacity, death, or unemployment of one or both parents? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Documentation supporting determination: <input type="checkbox"/> Mother <input type="checkbox"/> Father      Deprivation reason:	
<b>If yes, go to 4d. If no, STOP. Child is eligible for nonrecurring expenses only. Go to SECTION C.</b>	
<b>4d. Removal Household Income and Resources</b>	
Does the available evidence support that the income of the removal household/eligible group at the time of removal was less than the Standard of Need, and that the group's assets were less than AFDC limits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Documentation supporting determination: Include copies of the completed <i>IV-E Financial Worksheet</i> and <i>IV-E Initial Placement Information</i> forms and supporting documentation. If not previously completed, complete and include in file.	
<b>If yes, child is eligible for IV-E adoption subsidy. If no, child is eligible for nonrecurring expenses only. Go to SECTION C.</b>	
Comments:	

<b>SECTION C: IV-E ELIGIBILITY DETERMINATION</b>
Child meets all IV-E adoption subsidy criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, start date of adoption subsidy or presubsidy: _____ ADOD entry completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, is child eligible for nonrecurring expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No (SECTION A – All four General Requirements met.)
<b>Continue to SECTION D.</b>

<b>SECTION D: FUND SOURCE (PAYH) / RETRO CLAIMING</b>
<b>Presubsidy fund source:</b> _____ Is this fund source correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no reason: _____
Retro claim dates: _____
<b>Adoption subsidy fund source:</b> _____ Is this fund source correct? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no reason: _____
Retro claim dates: _____
<b>Nonrecurring expenses:</b> If child is not eligible for nonrecurring expenses, attorney fees [search under both presubsidy and subsidy case] complete a retro claim out of IV-E. Retro claiming needed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Retro claim dates: _____
Comments:
IV-E Worker signature _____
Date completed _____



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**IV-E Adoption Subsidy Determination, Form 470-4163**

Purpose	Form 3918, <i>IV-E Adoption Subsidy Determination</i> , is used by IV-E staff to assist in determining whether a child qualifies for IV-E adoption assistance funding.
Source	Complete this form on line using the templates available in the public state-approved forms folder on Outlook or on the DHS Intranet eForms web page. Supplies of the form can also be printed from the sample in the manual or the templates
Completion	The <b>IV-E worker</b> completes the form to document eligibility for IV-E adoption subsidy.
Distribution	File a completed copy of the form, along with the applicable documentation, in the IV-E adoption case record.
Data	<p>The IV-E worker completes the form as follows:</p> <p>Complete the child's information and indicate the date the adoption petition was filed and the date the adoption was finalized.</p>

**Section A: General Requirements**

Answer the questions regarding whether the child meets the four general requirements and indicate what documentation is being used to support the determination.

**Section B: One of Four Categories**

Answer the questions regarding whether the child meets one of the four categories and indicate what documentation is being used to support the determination.

**Section C: IV-E Eligibility Determination**

Indicate whether the child is eligible for IV-E adoption assistance and the date eligibility begins. If the child does not meet the four general requirements, indicate whether the child is eligible for nonrecurring expenses.

**Section D: Fund Source (PAYH) Retro Claiming**

Indicate what the funding is for both the pre-subsidy and subsidy cases and whether this is correct or not based on the determination.

If not correct, identify the reason why funding is incorrect and the months that are included in any retroactive claim. Also indicate whether retroactive claiming is needed for non-recurring expenses.

Sign and date the form.